

Sponsored Billing Agreement

Template effective March 15, 2016

Prime Institution Name: Address:		Non-Grantee Institution Name: Address:	
Prime Award No.	CFDA No.	Awarding Agency	
Prime Principal Investigator		Non-Grantee Employee	
Agreement Reference #		Effort %	Salary \$ Fringe/Health ins. \$ Stipend \$ Tuition \$ Travel \$
This Sponsored Billing Agreement is a <input type="checkbox"/> new agreement or an <input type="checkbox"/> amendment, No. _____ to an existing agreement			
Period of Performance mm/dd/yyyy to mm/dd/yyyy		Total Authorized Amount	\$ _____
Project Title:			
<p>1) Prime Institution shall reimburse Non-Grantee Institution not more often than monthly for allowable costs. All invoices shall be submitted using the Non-Grantee Institution's standard invoice, but at a minimum shall include current and cumulative expense and certification as to truth and accuracy of invoice. Invoice shall be sent no more than monthly and no less than quarterly. Questions concerning invoice receipts or payments should be directed to the appropriate party's Financial Contact. Please reference Agreement Reference # on all invoices. Invoices not referencing the Agreement Reference # shall be returned to the Non-Grantee Institution.</p> <p>2) A final statement of cumulative expenses incurred, marked "Final", must be submitted to Prime Institution's Financial Contact NOT LATER THAN sixty (60) days after Agreement end date.</p> <p>3) Either party may terminate this sponsored billing agreement with thirty days written notice to the appropriate party's Authorized Official. Prime institution shall pay non-grantee institution termination costs as applicable under Uniform Guidance, 2 CFR 200, or 45 CFR Part 75 Appendix IX, "Principles for Determining Costs Applicable to Research & Development under Grants and Contracts with Hospitals, as applicable.</p> <p>4) Statement of Work:</p>			
Prime Institution Contacts		Non-Grantee Institution Contacts	
Departmental Administrative Contact Name: Telephone: Email:		Departmental Administrative Contact Name: Telephone: Email:	
Prime Principal Investigator Name: Address: Telephone: Email:		Non-Grantee Employee Name: Address: Telephone: Email:	
Financial Contact Name: Address: Telephone: Email:		Financial Contact Name: Address: Telephone: Email:	
Authorized Official Date: _____ Name: Title:		Authorized Official Date: _____ Name: Title:	